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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37190

Primary Registration District No. 1000

Registrar's No. 1439

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 6 Weeks 0 (Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 718 Lincoln St. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country * 11

3. (a) PRINT FULL NAME Warner J. Smith

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-5227

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Martha Smith

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July (Month) 27 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	55	4	5	hr. min.

9. Birthplace Boonville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Shop Foreman-Sheet Metal

11. Industry or business Seamon Schuske

FATHER
12. Name Anthony Smith
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Catherine Fraoken
15. Birthplace Alsalse Loraine (City, town, or county) France (State or foreign country) 5

16. (a) Informant Mrs. Martha Smith
(b) Address 718 Lincoln St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet cemetery

18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-4-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1947 hour 3 minute 07 A. M.

21. I hereby certify that I attended the deceased from Oct 18, 1947 to Dec. 2, 1947
that I last saw him alive on Dec 1, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Addisons disease	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John D. Mann (M. D. or other)
Address St. Joseph Mo. Date signed 12-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1947
FEB 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.